

L17 000056362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

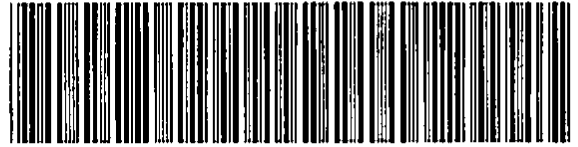
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600341220066

03/05/20--01024--014 **35.00

FILED
2020 APR 10 PM 2:15
CLERK OF COURT

APR 13 2020

I ALBRITTON

Amend
Name of

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The VYBEZ JAMAICAN RESTAURANT #BAK
Name of Limited Liability Company LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick DORCANT
Name of Person

Firm/Company

P.O. Box 10541
Address

WINTER HAVEN, FL 33885
City/State and Zip Code

dorcwelltax@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick DORCANT at (863) 287-7778
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$5.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020 APR 10 AM 7:39

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2020

PATRICK DORCANT
1412 1ST STREET N
WINTER HAVEN, FL 33881

SUBJECT: THE VYBEZ JAMAICAN RESTAURANT & BAKERY LLC
Ref. Number: L17000056362

We have received your document for THE VYBEZ JAMAICAN RESTAURANT & BAKERY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 520A00006628

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

The VIBEZ JAMAICAN RESTAURANT & BAKERY
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) LL

The Articles of Organization for this Limited Liability Company were filed on 3/10/17 and assigned
Florida document number L17000056362

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The CARAIBE BAKERY & Cafe, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PATRICK DORCANT

New Registered Office Address:

1412 1st St. N

Enter Florida street address

WINTER HAVEN

City

Florida

Zip Code

33881

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Patrick Sorcant	P.O. Box	<input checked="" type="checkbox"/> Add
		10541	<input type="checkbox"/> Remove
		Winter Haven, FL	<input type="checkbox"/> Change 338
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[REDACTED]

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

4/7 2020

Signature of a member or authorized representative of a member

PATRICK DORCANT

Typed or printed name of signer

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

PAID